May 02, 2002 8:00 am Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P98000033709 DOCUMENT # IMAGE MARKETING, INC. OF CLEARWATER 05-02-2002 90144 043 ***150.00 Principal Place of Business Mailing Address 8102 TANTALLON WAY PMB #291 **NEW PORT RICHEY FL 34655** 36181 E LAKE RD PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0875086 Not Applicable Zip Country \$8.75 Additional .5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALLANTE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 8102 TANTALLON WAY **NEW PORT RICHEY FL 34655** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITL F ☐ Change Addition PALLANTE, CHRISTOPHER

TITLE NAME NAME 8102 TANTALLON WAY STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered?

SIGNATURE

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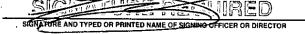
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